

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF

1 PLACE OF DEATH

County Calderwell
Township Breckenridge
or
Village
or
City (NO. St. Ward)

Registration District No. 911
Primary Registration District No. 5140

File No. _____
Registered No. 4

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Flora B. Woosley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Feb 22 1882
(Month) (Day) (Year)

7 AGE 59 yrs 11 mos 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Iowa

PARENTS
10 NAME OF FATHER J. Follett
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mass
12 MAIDEN NAME OF MOTHER Johnson
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Smith
(Address) Chillicothe Mo

15 Filed Jan 26 1922 E. A. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 25 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 8 1921 to Jan 24 1922, that I last saw her alive on Jan 24 1922, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Anemia
71B
8 1/2 (Duration) yrs. 8 mos. 17 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) E. A. Thompson M. D.
191 (Address) Breckenridge Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Rose Hill DATE OF BURIAL Jan 26 1922

20 UNDERTAKER H. Smith ADDRESS Breckenridge Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

